



**PRIVACY ACT STATEMENT** - Section 643 of Public Law 106-58 and its implementing regulations at 5 C.F.R. Part 792 authorize the Department of Veterans Affairs to establish a child care tuition assistance program for lower income employees. Section 6051(a)(9) of title 26, United States Code requires that on or before January 31 of each year an employer lists on an employee's W-2, Wage and Tax Statement, form the total amount incurred for dependent care assistance. The total amount of payments made under the Department's child care tuition assistance must thus be listed on an employee's W-2 form. It is for the purposes of showing the amount of dependant care assistance on your W-2 Form, and for determining eligibility for tuition assistance, that we are requesting your social security number. Information regarding family income (copies of pay slips and tax returns), name of current child care provider(s), copies of the provider's license, statement of compliance, and information about other child care subsidies will also be used to determine eligibility for child care tuition assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

**PART A - PARENT/GUARDIAN INFORMATION**

1. NAME OF CHILD'S MOTHER/GUARDIAN	2. HOME ADDRESS	3. NAME AND ADDRESS OF EMPLOYER
4. SOCIAL SECURITY NUMBER		
5. HOME PHONE NUMBER	6. JOB SERIES, GRADE, AND ORGANIZATIONAL CODE (If VA Employee)	7. WORK PHONE NUMBER
8. NAME OF CHILD'S FATHER/GUARDIAN	9. HOME ADDRESS (If different than Mother/Guardian)	10. NAME AND ADDRESS OF EMPLOYER (If different than Mother/Guardian)
11. SOCIAL SECURITY NUMBER		
12. HOME PHONE NUMBER (If different than Mother/Guardian)	13. JOB SERIES, GRADE, AND ORGANIZATIONAL CODE (If VA Employee)	14. WORK PHONE NUMBER

**PART B - INFORMATION ON CHILDREN FOR TUITION ASSISTANCE**

1. NAME OF CHILD	7. NAME AND ADDRESS OF CHILD CARE PROVIDER	8. PHONE NUMBER OF CHILD CARE PROVIDER
2. SOCIAL SECURITY NUMBER	3. DATE OF ENROLLMENT	9. CHECK APPROPRIATE BOX <input type="checkbox"/> VA CHILD CENTER <input type="checkbox"/> OTHER FEDERAL CHILD CARE <input type="checkbox"/> CENTER-BASED CARE <input type="checkbox"/> SCHOOL-BASED CARE <input type="checkbox"/> FAMILY CHILD CARE
4. DATE OF BIRTH	5. WEEKLY TUITION COSTS \$	
6. CHECK APPROPRIATE BOX CHILD CARE TUITION ASSISTANCE PROGRAM <input type="checkbox"/> DEPENDANT CARE ASSISTANCE PROGRAM <input type="checkbox"/>		
10. NAME OF CHILD	16. NAME AND ADDRESS OF CHILD CARE PROVIDER	17. PHONE NUMBER OF CHILD CARE PROVIDER
11. SOCIAL SECURITY NUMBER	12. DATE OF ENROLLMENT	18. CHECK APPROPRIATE BOX <input type="checkbox"/> VA CHILD CENTER <input type="checkbox"/> OTHER FEDERAL CHILD CARE <input type="checkbox"/> CENTER-BASED CARE <input type="checkbox"/> SCHOOL-BASED CARE <input type="checkbox"/> FAMILY CHILD CARE
13. DATE OF BIRTH	14. WEEKLY TUITION COSTS \$	
15. CHECK APPROPRIATE BOX CHILD CARE TUITION ASSISTANCE PROGRAM <input type="checkbox"/> DEPENDANT CARE ASSISTANCE PROGRAM <input type="checkbox"/>		
19. NAME OF CHILD	25. NAME AND ADDRESS OF CHILD CARE PROVIDER	26. PHONE NUMBER OF CHILD CARE PROVIDER
20. SOCIAL SECURITY NUMBER	21. DATE OF ENROLLMENT	27. CHECK APPROPRIATE BOX <input type="checkbox"/> VA CHILD CENTER <input type="checkbox"/> OTHER FEDERAL CHILD CARE <input type="checkbox"/> CENTER-BASED CARE <input type="checkbox"/> SCHOOL-BASED CARE <input type="checkbox"/> FAMILY CHILD CARE
22. DATE OF BIRTH	23. WEEKLY TUITION COSTS \$	
24. CHECK APPROPRIATE BOX CHILD CARE TUITION ASSISTANCE PROGRAM <input type="checkbox"/> DEPENDANT CARE ASSISTANCE PROGRAM <input type="checkbox"/>		

**PART C - FAMILY INCOME INFORMATION** (As reported on your last IRS 1040, 1040A, or 1040EZ Form)

1. ADJUSTED GROSS INCOME OF MOTHER/GUARDIAN	2. ADJUSTED GROSS INCOME OF FATHER/GUARDIAN	3. ADJUSTED GROSS FAMILY/HOUSEHOLD INCOME (1 + 2)
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If both parents work for the Federal Government, the Department of Veterans Affairs employee must complete the following sentence:

I, \_\_\_\_\_, certify that my spouse has not applied for a child care subsidy from his/her Federal agency.

**CERTIFICATION:** I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that failure to truthfully set forth this information could result in loss of tuition assistance from the Department of Veterans Affairs. I/We further agree to inform Federal Employee Education & Assistance Fund (FEEA) within 10 days if any of the above information changes. I/We understand that awards for tuition assistance are made on a first-come, first-serve basis. I/We understand that failure to inform FEEA of any changes in status may jeopardize my/our chances of receiving tuition assistance through the Department of Veterans Affairs Child Care Tuition Assistance Program.

**PENALTY:** False statements made knowingly and willfully in this application or supporting documentation are punishable by fine and/or imprisonment under 18 USC, section 1001.

4. SIGNATURE OF MOTHER/GUARDIAN	5. DATE	6. SIGNATURE OF FATHER/GUARDIAN	7. DATE
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